

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name CaliforniaVolunteers		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 1110 K Street, Sacramento, CA 95814			
Area Code/Phone Number (916) 323-7646	E-mail daniel.maguire@gov.ca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Dan Maguire, Deputy Legal Affairs Secretary			

2. Donor Name and Address

<input type="checkbox"/> Individual	_____	<input checked="" type="checkbox"/> Other	Home Depot Foundation
Last Name	First Name	Name	
3800 W. Chapman Ave.	Orange	CA	95833
Address	City	State	Zip Code

charitable foundation

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information

Date and Amount of Payment (other than travel)	6 22 10	\$ 10,937
	(month, day, year)	(Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel _____

_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

The Home Depot Foundation donated supplies (gloves, rope, cones, safety glasses, buckets, chemical lights, flashlights, batteries, and dust masks) for use in connection with CaliforniaVolunteers disaster preparedness and response activities.

Identify the officials for whom the payment was used:

_____	_____	_____	_____
Last Name	First Name	Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Title	Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

	Susan Kennedy	Chief of Staff	10/6/10
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information.)